

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

PLAINTIFF BRIDGET MECHETNER-CESARIO		COURT CASE NUMBER 08-C-201 08cv21	
DEFENDANT JENNIFER WITHERSPOON, ETC., ETAL.		TYPE OF PROCESS SUMMONS & COMPLAINT	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
	CORRECTIONAL OFFICER KARAWITZ, LAKE COUNTY JAIL		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 20 SOUTH COUNTY STREET WAUKEGAN, IL 60085 - (847) 377-4100		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	1
PATRICK J. COLLINS BELGRADE & O'DONNELL, PC 20 NORTH WAKCER DRIVE - SUITE 1900 CHICAGO, IL 60606		Number of parties to be served in this case	9
		Check for service on U.S.A.	X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include business and alternate addresses, All Telephone Numbers, and Estimated Times Available for Service):

FILED

Fold

Fold

MAY 12 2008 YM
May 12 2008
MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT.

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

4-1-08

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 6 of 9	District of Origin No. 24	District to Serve No. 24	Signature of Authorized USMS Deputy or Clerk TL	Date 4-1-08
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

Valek #12485 Correctional Officer

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date
5/7/08 Time
2:45 ☐ am ☒ pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
One	Service	fee	charged	same	case + location

REMARKS: See process sheet # 1 for charges. 3 hrs. 100 miles

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE

4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED